

**KENTUCKY BOARD OF PHARMACY  
SPINDLETOP ADMINISTRATION BLDG., STE 302  
2624 RESEARCH PARK DRIVE  
LEXINGTON, KY 40511  
Phone 859-246-2820  
Fax 859-246-2823**

**APPLICATION FOR SPECIAL-MEDICINAL GAS PERMIT RENEWAL**

Enclose a check or money order for \$100.00, made payable to 'Kentucky State Treasurer'. Please print legibly and complete both sides of this application; including the required original signatures and return to the Board office in duplicate {for Kentucky resident facilities only} no later than June 30<sup>th</sup>.

Facility Name \_\_\_\_\_ Permit No. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.**

**OWNERSHIP:**

\_\_\_\_ Sole Proprietor    \_\_\_\_ Partnership    \_\_\_\_ Corporation    \_\_\_\_ LLC    \_\_\_\_ Other

Name and title for each owner/officer, including professional designation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSULTANT PHARMACIST\*:**

Name \_\_\_\_\_ KY License No. \_\_\_\_\_

**\*Consultant Pharmacists are not required for non-resident medicinal gas permits.**

Kentucky Pharmacy Regulation 201 KAR 2:205 requires Consultant Pharmacist to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

**Schedule of Hours:**

Monday . . . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. Friday . . . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.  
Tuesday . . . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. Saturday . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.  
Wednesday . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. Sunday . . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.  
Thursday . . . \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

Consultant Pharmacist must notify the Board within fourteen (14) days of any changes in scheduled hours.

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121.

***I hereby certify that the foregoing is true and correct to the best of my knowledge and that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the Regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws. [If applicable, this pharmacy is currently licensed and in good standing in all states of licensure].***

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Signature of Consultant Pharmacist)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)